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Bib Data Sheet

CONFIRMATION NO. 2178

SERIAL NUMBER 10/602,903	FILING DATE 06/24/2003 RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. 8266-1084
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APPLICANTS

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** CONTINUING DATA ***** *LCR*

This application is a CON of 09/874,486 06/05/2001 PAT 6,585,206
 which claims benefit of 60/209,379 06/05/2000

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/09/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>LCR</i>	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	IN	5	20	3
Examiner's Signature	Initials			

ADDRESS

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TITLE

Medical accessory support

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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